

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-006027

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 329VS 300
Rev. 4/59

0397

2/040

3

4 0

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9493X

10

11

125-0

13

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY

Greene

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN

Springfield

Length of stay in 1b
1 dayc. CITY
OR
TOWN

Galena

Inside Limits
Yes ☐ No ☒

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR
INSTITUTION

Baptist Hospital

Inside Limits

Yes ☒ No ☐d. STREET
ADDRESS

R#1

(If outside, give location)

Reside on Farm

Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)First
JesseMiddle
BynumLast
Johnson4. DATE
OF
DEATHMonth Day Year
February 28 1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

12/1/1881

9. AGE (last birthday)

81

IF UNDER 1 YEAR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)

Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY

Missouri

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Robert Johnson

13b. MOTHER'S MAIDEN NAME

Betty Rickman

14. NAME OF HUSBAND OR WIFE

Bessie Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Fred Johnson

Address

Crane, Missouri

18. CAUSE OF DEATH (Enter only one cause
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Pneumonia

INTERVAL BETWEEN
ONSET AND DEATHConditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

Arteriosclerotic Heart Disease

PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes☐ No☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

28 Feb 63

28 Feb 63

and last saw him alive on

28 Feb 63

Death occurred at

6:15 A.M.

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Jim Waterfield MD

(Degree title)

22b. ADDRESS

Springfield Mo

22c. DATE SIGNED

4 Feb 63

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Removal

23b. DATE

2/28/63

23c. NAME OF CEMETERY OR CREMATORY

Mt. Olive

23d. LOCATION (City, town, or county)

Lawrence Co, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

Manlove Funeral Home, Crane, Mo

25. DATE RECD. BY LOCAL REG.

3-7-63

26. REGISTRAR'S SIGNATURE

Effie S. Merton

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

MAR 14 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

George H. Montane, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

George H. Montane

Licensed Embalmer No. 3827

P. O. Address Crescent road

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.